

64TH CONFERENCE ON EXCEPTIONAL CHILDREN


**WORKING TOGETHER
TO ACHIEVE STUDENT SUCCESS**

**School Psychology
Institute**

Wednesday November 5, 2014

PUBLIC SCHOOLS OF NORTH CAROLINA
State Board of Education | Department of Public Instruction

NOVEMBER 3-5, 2014




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~ Part 1 – Overview ~

***Recommendations for policy change in the
identification of Specific Learning Disabilities:***

- Review of the recommended policy changes and evidence-based rationale in determining special education eligibility for students with SLD
- Provide participants with an understanding/basis for moving from the ability/achievement discrepancy method by identifying and utilizing data gathered within problem solving teams to guide eligibility decisions



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~ Part 2 – Overview ~

***Updates regarding policy change in the
identification and monitoring of students
with Traumatic Brain Injury:***

- Review of the changes in the definition of Traumatic Brain Injury and what all School Psychologists need to know regarding the identification of these students
- Review of the recommended policy change with regard to appropriate identification and monitoring of students identified as having sustained a concussion
- A review and updates of the process for becoming an Approved Provider on the NCDPI TBI registry will also be provided

~ Introductory Activity ~



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~ Part 1 ~

Recommended Policy Change in the Identification of Specific Learning Disabilities



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SLD Session Objectives:

Participants will:

- Understand the evolution of SLD in national and state special education policy
- Understand the key features of MTSS necessary for eligibility decisions
- Understand the current work of the SLD task force and the timeline for policy change
- Establish a realistic framework to function within to prepare for policy change

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"If you want to truly understand something, try to change it."

- Kurt Lewin

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NASP Position Statement: Identification of Students with SLD

"NASP's position is that identification of and service delivery to children identified as having a specific learning disability (SLD) should be based on the **outcomes** of **multi-tiered, high quality, research-based instruction**."

NASP Position Statement, 2011


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A Historical Perspective

Specific Learning Disabilities

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In the beginning...




1975: With the enactment of Education of the Handicapped Act (EHA), SLD was included in the list of disabilities. Definition of SLD was listed (originally coined by Samuel Kirk in 1962)

1977: Implementation of the EHA began. Regulations operationalized the definition with provisions.

- Students with SLD would demonstrate a level of academic performance that was unexpected based on assessed ability (intelligence was never used, but "ability level" was translated by practitioners into intellectual functioning)
- SLD was introduced with little guidance as to how it would be implemented across school districts and states

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In the beginning...



Early 80's: The operationalization of the definition was challenged almost immediately, particularly in a series of studies conducted at the Institute for Research on Learning Disabilities at the University of Minnesota (Ysseldyke and colleagues (1983) findings)

Late 1980's: A number of researchers and policy experts began to speculate that the rampant growth of students with SLD reflected an over-identification of students with disabilities rather than an excellent job of child find.

Kovaleski, VanDerHeyden, Shapiro (2013)
The RtI Approach to Evaluating Learning Disabilities

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Memory lane isn't always pleasant

IDEA 1997: Concerns about over-identification were so pervasive that a provision was added to IDEA to prohibit school districts from identifying students as having disabilities if the reason for their academic difficulties was a result of "lack of instruction in reading or mathematics" (IDEA 1997, S614[b][5]).

Numbers of students identified as SLD:

1977=1.2% → 1990=5.2% → 2000=6.1%

Intent of Congress –

- 1) Limit the # of students incorrectly identified as having SLD
- 2) Do so by requiring multidisciplinary teams to rule out situations in which effective instruction was not provided

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It's so hard...to say good-bye...

2001: LD summit gathered researchers/policy experts to address the state of SLD identification and make recommendations. The ability/achievement approach continued to be criticized.

IDEA 2004/2006: NCLB and IDEA envisioned a **seamless system** of supports based on the use of **scientifically based instruction** in both general education and special education, with an overall mission of bringing all student to proficiency in basic skills.

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State of RtI - National Data -

- 66% of states allow RtI
- 34% of states require RtI
- 16% of states prohibit ability/achievement discrepancy
 - Of these 89% require RtI

Specific Learning Disabilities and Response to Intervention: State Level Guidance, Exceptional Children 80 (1)

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TABLE 2
Summary of States' Regulations and Guidance Regarding RTI in SLD Criteria

Criterion	States
Regulations	
Allow RTI	AL, AK, AZ, AR, CA, HI, IN, KS, KY, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NC , ND, OH, OK, OR, PA, SC, SD, TN, TX, UT, VT, VA, WA
Require RTI	CO, CT, DE, FL, IA, NM (K-3), NY (K-4), RI, WV, WI, WY
Require RTI Plus Cognitive Processing	GA, ID, ME
Require RTI Plus Pattern of Academic Strengths and Weaknesses	LA
Require RTI; May use severe discrepancy (SD) or pattern of strengths and weakness (SW) after RTI data collected	IL, MS
Prohibit Severe Discrepancy	CO, CT, DE, IN, IA, NY*, RI, WV
Prohibit Pattern of Strengths and Weakness	FL

Exceptional Children 80(1), 101-120

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North Carolina: Current Implementation

LEAs Implementing RtI

- 75% of LEAs
- District and school teams

Using RtI for SLD eligibility

- Approximately 130 schools
- Alamance Burlington - K-5
- Cleveland – K-5 (minus 1 elementary)
- New Hanover – K-8

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What, it's 2014 already?

Yes, after 10 years since the language surrounding SRB instruction/intervention was introduced into policy, and the initial RtI pilot sites were established in NC -

North Carolina Department of Public Instruction
EC Division has determined it necessary to eliminate the ability/achievement discrepancy model as a pathway to SLD identification



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North Carolina: Where We Stand

NCDPI's position, based on existing research is that the use of ability/achievement discrepancy for identifying students as having a Specific Learning Disability is NOT an appropriate practice.

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Rationale

NOT because of any political agenda
NOT because of a money/funding issue

INSTEAD:

Because the research supports it
and
It is the right decision for students

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Rationale

"A student's response to robust intervention is the best evidence for the existence of SLD"

RATHER THAN

the student's performance on a group of norm referenced tests."

Kovaleski, VanDerHeyden, Shapiro, pg 8

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Multi-Tiered System of Support (MTSS)





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A Paradigm Shift

“RtI should never be equated with an identification method because the focus is on enhanced service delivery and academic and behavioral outcomes for children.”

Fletcher and Vaughn, 2009





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NC MTSS Definition

NC MTSS is a multi-tiered framework which promotes school improvement through engaging, research-based academic and behavioral practices.

NC MTSS employs a systems approach using data-driven problem-solving to maximize growth for all.

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October 28, 2014

TO: Superintendents
Directors, Curriculum and Instruction
Directors, Exceptional Children Programs
Directors, Charter Schools
Directors, State Operated Programs

FROM: Tracy S. Weeks, Chief Academic and Digital Learning Officer
Robin McCoy, Director Curriculum and Instruction
William J. Hower, Director Exceptional Children

Re: Multi-Tiered System of Support (MTSS) and Specific Learning Disability (SLD) Eligibility

The North Carolina Department of Public Instruction (NCDPI) is strategically constructing a Multi-Tiered System of Support (MTSS). MTSS is the intentional collaboration of both Responsiveness to Instruction (RtI) and Positive Behavior Intervention and Support (PBIS). This intentional movement recognizes the strength of both RtI and PBIS to support LEAs and schools in building a solid infrastructure to problem-solve both academic and behavior concerns at the district, school, group and individual level.

Positive Behavior Intervention and Support
Positive Behavior Intervention and Support (PBIS) has been a strong initiative in North Carolina since 2000. PBIS is a multi-tiered behavior framework focused on building an infrastructure for preventative behavior instruction, as well as interventions for groups and individuals. PBIS advocates the use of a problem-solving model to make data-based instructional decisions.

Existing PBIS fiscal and personnel infrastructures will continue to be supported with the shift to MTSS. Behavior Consultants are in each region to support this implementation and will continue to deliver training and remain the resource for behavior and PBIS support throughout the state.

Responsiveness to Instruction
In 2004, NCDPI Exceptional Children Division introduced RtI across North Carolina as a four-tier model. The impetus for RtI implementation was connected to the 2004 reauthorization of Individuals with Disabilities Education Improvement Act (IDEA). This reauthorization prohibited states from requiring school districts to use IQ achievement discrepancy criteria as the only means to identify students with Specific Learning Disabilities (SLD). States were to encourage school districts to use response to intervention, employing the use of scientific, research-based approaches, as an academic prevention and intervention model.

Since 2011, NCDPI has shifted the focus of RtI to a three-tier model, which focuses on building an infrastructure for data-based decisions making for total school improvement with a strong focus on preventative academic instruction, as well as interventions for groups and individuals.

Specific Learning Disability
Since 2004, schools in North Carolina have had the option to use RtI as a means for determining SLD eligibility, rather than the IQ-achievement discrepancy criteria. NCDPI is in the process of changing policy to eliminate the IQ-achievement discrepancy model as a permissible approach to determining SLD eligibility, recognizing the criticism and concern for national experts and the Learning Disabilities community.

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NCDPI is embarking on a 5 year phase out plan for this elimination. The timeline for this change is:

February 2015: Public notice and comment on proposed policy changes to NC Policies Governing Policies for Children with Disabilities

June 2015: Present proposed policy changes to the NC State Board of Education approval

2015-2016: Training and support for the use of data from a student's responsiveness to research-based instruction and intervention data for SLD

2020-2021: All NC public schools use a student's responsiveness to research-based instruction and intervention data for SLD eligibility decisions at grade K-12.

Multi-Tiered System of Support
RtI and PBIS utilize a systems approach to problem-solve for all, some and few students. The infrastructure of both models is designed to create a data-driven multi-tiered system of support. When combined, districts and schools will have a solid foundation to implement a full continuum of social, emotional, behavioral and academic supports for all students.

MTSS statewide rollout will focus on building a solid infrastructure for creating the continuum of academic and behavior supports, including the needed structures for SLD eligibility decisions. Four MTSS Consultants have been hired and regionally placed to support the implementation of MTSS in each LEA, including the shift in SLD eligibility. These consultants will work collaboratively with other regional consultants to assist LEAs in building a full continuum of academic and behavior supports.

- NCDPI MTSS Leadership and Policy Team, as well as the strategic planning groups have constructed the definition, vision and mission for MTSS.
- NC MTSS Definition: NC MTSS is a multi-tiered framework which promotes school improvement through engaging research-based academic and behavioral practices. NC MTSS employs a systems approach using data-driven problem-solving to maximize growth for all.
- NC MTSS Vision: Every NC Pre K-12 public education system implements and sustains all components of a Multi-Tiered System of Support to ensure college and career readiness for all students.
- NC MTSS Mission: NCDPI will prepare and support LEAs to implement a Multi-Tiered System of Support for total school improvement by providing professional development, coaching and technical assistance, research and evaluation, and communication and visibility that result in college and career readiness for all students. NCDPI believes MTSS is the most effective and efficient approach to improving school outcomes and student performance thereby ensuring equitable access to a second basic education.

Please contact Amy Jablonski at amy.jablonski@dpi.nc.gov with questions regarding MTSS, Lynne Loefer at lynneloefer@dpi.nc.gov with questions regarding SLD eligibility and Laura Winter at laura.winter@dpi.nc.gov with questions regarding PBIS.

TSW/EM/WJH:sk

c. June St. Clair Atkinson, State Superintendent
Rebecca Garland, Deputy State Superintendent
Amy Jablonski, MTSS State Transformation Specialist
Lynne Loefer, Consultant, LD/ADHD Consultant
Laura Winter, Communication Consultant

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RtI

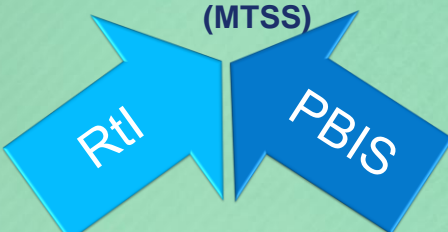
PBIS

Responsiveness to Instruction

Positive Behavior Intervention and Support

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Multi-Tiered System of Support (MTSS)



Both systems of support began in 2000

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MTSS

2014-2015	Build infrastructure, common language, and problem-solve potential barriers
2015-2016	Continue professional development and coaching; Usability testing of implementation tools
2016-2019	Provide professional development and coaching to LEAs (K-12)
2019-2021	Continued support; provide professional development for new sites

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Moving Forward







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SLD Task Force

- EC Directors
- LEA MTSS Coordinators
- School Psychologists
- Regional MTSS Consultants
- IHEs
- Charter School Representatives
- NC DPI staff
- Teachers
- Rtl Consortium members






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Work of the SLD Task Force

- Review the definition of SLD in NC Policy
- Review and operationalize current policy for eligibility decisions
 - Defining "does not achieve adequately for the child's age, *intellectual development* or to meet State-approved grade-level standards"
 - Defining "does not make sufficient progress to meet age or State-approved grade-level standards"
 - Determining how/if a pattern of strengths and weaknesses aligns with elimination of ability/achievement discrepancy



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SLD Task Force – Policy Subgroup

Current goals – Develop policy that:

- Fosters consistency in the identification of students with SLD
- Enhances accurate decision making
- Establishes clear criteria, but does not create another "wait to fail" model by being too stringent
- Is backed by the best and most current research available to the field
- Meets federal requirements
- Will be operationalized within the SLD guidance document


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Sticky Questions

- Private school and home school evaluations
- At what point does a team "suspect a disability?"
- Written expression, oral expression and listening comprehension
- How do we ensure policy accounts for ELL and twice exceptional students?
- Ensuring fidelity of instruction and intervention
- Ensuring "lack of appropriate instruction" is not a determinant factor


~ 15 Minute Break ~

Sticky Questions ~ Activity ~



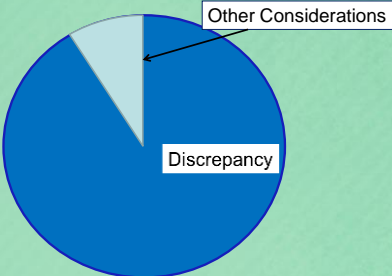
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A Shift from a Model that moves us...



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From Discrepancy as Gatekeeper...



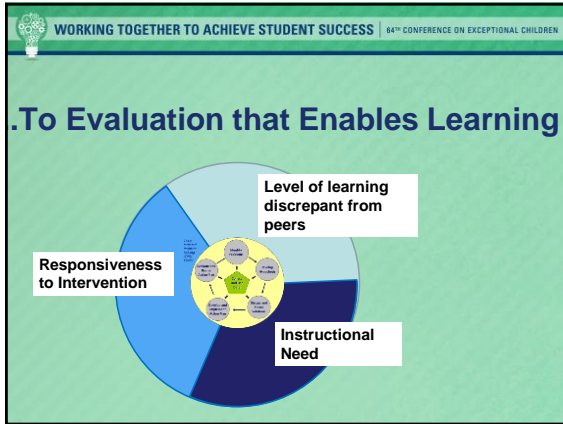


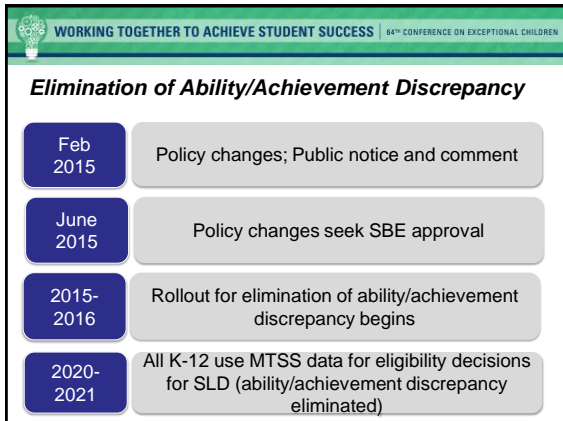
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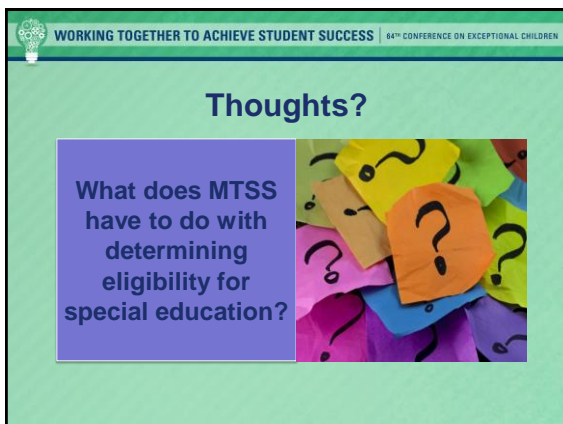
Search for Pathology

“Many research teams documented that, once a child was referred for eligibility determination, there was a good chance that a diagnosis of SLD **could** and **would** be made.”

Kovaleski, VanDerHeyden, Shapiro, pg 11







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Nothing... and Everything

“The key to identification is being able to identify kids who are not making progress in a well-functioning educational system.”

Dr. Jack Fletcher

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We start here

IDEA Regulations: Criteria for Determining SLD

<p>1. Rule out lack of instruction by documenting: Appropriate instruction by qualified personnel Repeated assessments</p>	+	<p>2. Rule out: • Vision, hearing, or motor problems • Intellectual Disability • Emotional Disturbance • Cultural and/or environmental issues • Limited English Proficiency • ?? • ??</p>	+	<p>3. Failure to meet age- or grade-level State standards in one of eight areas: Oral Expression Listening Comprehension Written Expression Basic Reading Reading Fluency Reading Comprehension Mathematics Calculation Mathematics Problem Solving</p>	+	<p>4. <u>Not</u> Lack of progress in response to scientifically based instruction ~OR~ Discrepancy: Pattern of strengths and weaknesses, relative to intellectual ability as defined by a severe discrepancy between intellectual ability and achievement, or relative to age or grade</p>
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Exclusionary Inclusionary

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Key Features

- Research-based, differentiated instructional practices in general education
- Team-based analysis of student data using a systematic problem-solving method
- Comprehensive, balanced assessment system
- Monitoring of treatment integrity for instruction and performance

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Key Features

"It is important to address these infrastructure minimums with specificity because much of the information that is culled in a comprehensive evaluation using RtI is actually developed during instruction and intervention in the general education program. ***Failing to put these features in place compromises the validity of an assessment of a student's RtI.***"

Kovaleski, VanDerHeyden & Shapiro, 23

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Research-Based Instructional Practices

"We can, whenever and wherever we choose, successfully teach all children whose schooling is of interest to us." - Ron Edmonds

- Nine General Features of Instruction
http://oregonreadingfirst.uoregon.edu/inst_gen_features.html
- John Hattie [Visible Teaching and Learning](http://www.bestevidence.org/)
- <http://www.bestevidence.org/>


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Systematic Problem Solving Process

Team Initiated Problem Solving (TIPS) Model


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graph TD
    A[Identify Problems] --> B[Develop Hypothesis]
    B --> C[Discuss and Select Solutions]
    C --> D[Develop and Implement Action Plan]
    D --> E[Evaluate and Revise Action Plan]
    E --> A
    F[Collect and Use Data] --- A
    F --- B
    F --- C
    F --- D
    F --- E
  
```

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Comprehensive Assessment System

- Screening
- Progress Monitoring
- Diagnostic/Prescriptive
- Outcomes

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Comprehensive Assessment System


- Assist in planning for differentiated instruction
- Assess the overall proficiency of groups of students
- Identify students at risk
- Allows for continuous monitoring of student performance
- Monitor students of concern more frequently

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Treatment Integrity

- “Perhaps one of the most notable and prevalent threats to the accuracy of RtI decision making is the lack of implementation integrity.”

Kovaleski, VanDerHeyden, Shapiro, pg 103




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Intervention Troubleshooting


- Problem definition and data system
- Data interpretation
- Core and supplemental instruction
- Intervention integrity
- Intervention design

Kovaleski, VanDerHeyden, Shapiro, pg 108 Form 6.3



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Comprehensive Evaluation



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Big Idea #1

An evaluation begins with a review of existing data.

“A school that has robust procedures for implementing MTSS will have collected during the provision of these supports a wide range of assessment data that not only has informed instruction and intervention, but can also be used as important evidence for special education eligibility decisions.”

Kovaleski, VanDerHeyden & Shapiro, 2013

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Big Idea #2

Responsiveness to instruction *and* intervention is ONE component of a comprehensive evaluation.

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Big Idea #3

Evaluation for eligibility is a *continuation* of the problem solving process not the goal of it.

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"The full intent of special education is to devise a program of instruction that will **accelerate the student's progress** beyond that which was realized during the provision of multi-tier supports."

Kovaleski, VanDerHeyden, Shapiro, pg 159



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Big Idea #4

Rtl is about improving outcomes, not about qualifying for services.

Evaluation for eligibility focuses on *knowing how to make a student more successful* rather than on validating that the student is sufficiently unsuccessful to warrant additional resources

What enables learning?



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Big Idea #5

Regularly assess the health of the system.

- Do screening measures accurately identify students?
- Is intervention reducing student risk over time?
- How many students receive intervention at Tier II and III? How many are successful?
- What is the average time between starting an intervention and reaching a decision about its success?

~ LUNCH ~

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NASP: Role of the School Psychologist in RtI

The design, implementation, and evaluation of RTI approaches create **new opportunities** and **greater need** for School Psychologists, while **also requiring their active participation in familiar, if expanded, roles**.

School Psychologists' training in consultation, academic and behavioral interventions, counseling, research, and evaluation results in a **broad range of skills that will be needed as districts implement new RTI procedures**.

"School Psychologists are the **psychologists** who know the most about education, and the **educators** who know the most about psychology."

Gene Cash - Former NASP president, NOVA Southeastern University, FL



SMARTY PANTS.

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The State of School Psychological Service Provision in NC:

Survey says:

- Based on data gathered from 109 of the 115 LEAs reporting, School Psychologist to student ratio is currently estimated to be 1:2010
- 3x the recommended ratio for comprehensive service delivery, which is what School Psychologists' yearly performance (through the PAI) is based upon

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The State of School Psychological Service Provision in NC:

Survey says:

- Additionally, it is estimated that 17-22 LEAs currently do not have a School Psychologist employed within their district, but rather contract for school psychological services with outside agencies (services provided are typically assessment related)
- Although charter school data was not taken in this survey, it is estimated that most charter schools also contract out for services

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Sticky Questions about current practice

Ensuring current policy, as it is written is being followed re: eligibility determinations

What SRB interventions are being used for "the big 5?"

How does my ratio measure up against the state average? AASP recommendations?

How are we currently documenting *results* of interventions? Are we including *progress monitoring data*?

What are my own professional development needs?

Ensuring "lack of appropriate instruction" is not a *determinant* factor

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Current policy – how are we doing?

DEC 3 SLD WORKSHEET:

- Research-based interventions to address academic skill deficiencies (progress monitoring data):

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Current policy – how are we doing?

NC 1503-3.3 Determining the Existence of a Specific Learning Disability 1503-2.5(d)(11)

(b) To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, **the group must consider**, as part of the evaluation described in NC 1503-2.4 through NC 1503-2.6 –

- (1) Data that **demonstrates** that prior to, or as a part of the referral process, *the child was provided appropriate instruction in regular education settings, delivered by qualified personnel*; and
- (2) Data-based documentation of **repeated assessments of achievement at reasonable intervals**, reflecting formal assessment of student progress during instruction, **was provided to the child's parents**.

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Current policy – how are we doing?

NC 1503-2.7 Determination of Eligibility

(b) Special rule for eligibility determination. A child must not be determined to be a child with a disability under these Policies --

- (1) If the determinant factor for that determination is--
- (i) Lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in section 1208(3) of the ESEA);
- (ii) Lack of appropriate instruction in math; or
- (iii) Limited English proficiency; and

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Potential Action Steps that can be taken...

SMALL DAILY IMPROVEMENTS ARE THE KEY TO STAGGERING LONG-TERM RESULTS



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Moving Forward...

Keep in mind the following, and change your thinking, if needed...so that you can help to change the thinking of others

You can't get ahead going in circles.

INDIECHICKS
TALKING THERAPIST

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IDEA Regulations: Criteria for Determining SLD

<p>1. Rule out lack of instruction by documenting: Appropriate instruction by qualified personnel</p> <p>Repeated assessments</p>	<p>2. Rule out:</p> <ul style="list-style-type: none"> Vision, hearing, or motor problems Intellectual Disability Emotional Disturbance Cultural and/or environmental issues Limited English Proficiency ?? ?? 	<p>3. Failure to meet age- or grade-level State standards in one of eight areas:</p> <ul style="list-style-type: none"> Oral Expression Listening Comprehension Written Expression Basic Reading Reading Fluency Reading Comprehension Mathematics Mathematics Problem Solving 	<p>4. <u>Not</u> Lack of progress in response to scientifically based instruction</p> <p>~OR~</p> <p>Discrepancy: Pattern of strengths and weaknesses, relative to intellectual ability as defined by a severe discrepancy between intellectual ability and achievement, or relative to age or grade</p>
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Exclusionary Inclusionary

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Conditions for Eligibility

- Level of Learning is discrepant
 - given equal or enhanced opportunities, the student's current level of performance is significantly lower than typical peers, identified grade level standards or intellectual ability

Level of learning

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Conditions for Eligibility

- Educational Progress
 - previous interventions have failed to **sufficiently improve** a student's rate of learning **and additional resources** are needed to enhance student learning
 - or** the interventions that have **sufficiently improved** the student's learning are **too demanding** to be implemented without special education resources

Level of learning Rate of learning

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Decision Rules

- There is no "gold standard" for determining inadequate response.
- Instructional response is likely a continuum with no distinct qualitative markers.

Handbook of Learning Disabilities, 2nd Edition, pg 44

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Conditions for Eligibility

- Instructional Needs
 - have been identified that are beyond what can be provided in general education.
 - evident **when curriculum, instruction or environmental conditions** need to be very different for the student as compared to the needs of other students in the general education environment.

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Goal of these changes: Improve outcomes for all students

“Improvement is a **process**, not an event. Schools don’t suddenly “get better” and meet their performance targets. Schools **build capacity** by generating **internal accountability**--greater agreement and coherence on expectations for teachers and students--and then by **working their way through problems of instructional practice** at ever-increasing levels of complexity and demand.”

Elmore, 2004

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Now what?

STEP 1: Ensure current policy, as it is written is being followed re: eligibility determinations

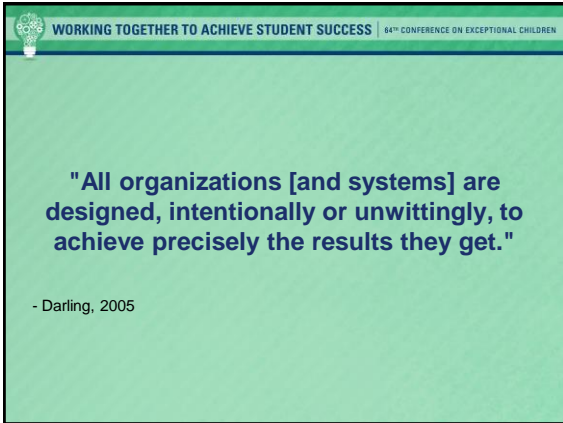
STEP 2: Clearly articulate the plan for the policy change/timeline for rollout to anyone and everyone who will listen... discussion needs to begin 10 years ago!

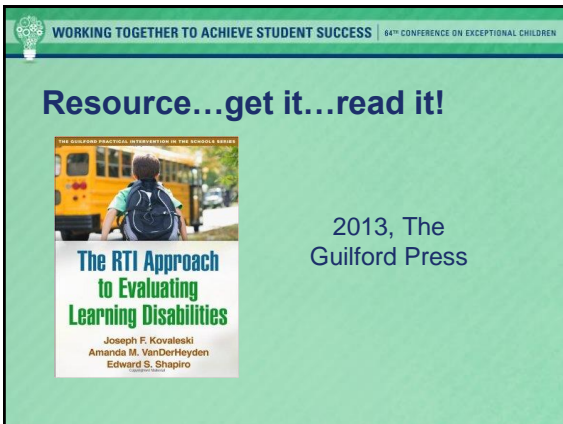
STEP 3: Begin to have discussions with staff regarding how to plan for the upcoming changes in policy


STEP 4: If your ratio is imbalanced and your model of practice is heavily weighted in assessment, advocate for yourself appropriately

STEP 5: Identify and begin acting upon your own professional development needs to move towards this transition (begin with a book study!)









Great new resource...


RTI-Based SLD Identification Toolkit

<http://www.rtinetwork.org/getstarted/sld-identification-toolkit>

Video clip:

http://www.rtinetwork.org/professional/videos/podcasts?utm_source=newsletter_oct_15_2014&utm_medium=email&utm_content=text&utm_campaign=rtiactionupdate

~ 15 Minute Break ~



~ Part 2 ~

Updates regarding policy change in the identification and monitoring of students with Traumatic Brain Injury

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TBI Session Objectives:

Participants will:

- Understand the revised definition of Traumatic Brain Injury and gain knowledge regarding appropriate identification of these students
- Gain knowledge of the recommended policy change with regard to appropriate identification and monitoring of students who have sustained a concussion
- Understand the process for becoming an Approved Provider on the NCDPI TBI registry

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TBI – the old and the new

Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.


Traumatic brain injury means an acquired injury to the brain caused by an external physical force *or by an internal occurrence* resulting in total or partial functional disability and/or psychosocial impairment that adversely affects a child's educational performance. *Causes may include but are not limited to, open or closed head injuries, cerebrovascular accidents (e.g., stroke, aneurysm), infections, kidney or heart failure, electric shock, anoxia, tumors, metabolic disorders, toxic substances, or medical or surgical treatments. The brain injury can occur in a single event or can result from a series of events (e.g., multiple concussions). Traumatic brain injury also can occur with or without a loss of consciousness at the time of injury.* Traumatic brain injury may result in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, *but can include* brain injuries induced by birth trauma.

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Specific Changes of the Revised Definition

- TBI caused by an external physical force or by an internal occurrence.
 - Opens up the definition for ABI, but retains the category of TBI as per the federal IDEA law.
- Causes include a more specific list of both ABI and TBI events:
 - Open or closed head injuries
 - Cerebrovascular accidents (e.g., stroke, aneurysm)
 - Infections
 - Kidney or heart failure
 - Electric shock
 - Anoxia
 - Tumors
 - Metabolic disorders
 - Toxic substances
 - Medical or surgical treatments


Source – NCDPI Webinar conducted by Dr. Stephen Hooper, May 2014

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Specific Changes of the Revised Definition

- The brain injury can occur in a single event or can result from a series of events (e.g., multiple concussions).
 - Recognizes the evidence that results can be cumulative.
- Traumatic brain injury also can occur with or without a loss of consciousness at the time of injury.
 - Acknowledges this neurological reality.
- Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, but can include brain injuries induced by birth trauma.
 - Opens up brain injuries from birth trauma and associated birth injuries. This is a significant departure from even the BIA definition, but consistent with the conceptualization of brain injuries.


Source – NCDPI Webinar conducted by Dr. Stephen Hooper, May 2014

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Rationale for Revised Definition

- Consistency across North Carolina definitions
- Consistency with other state definitions
- Neurological similarities and differences
- The “counting game”

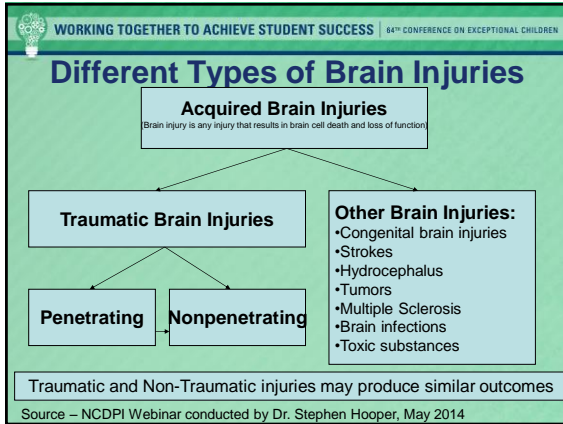
Source – NCDPI Webinar conducted by Dr. Stephen Hooper, May 2014

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Definitions

- Brain injury is any injury that results in brain cell death and loss of function.
- **Traumatic brain injury (TBI):** An injury to the brain caused by an external trauma to the head or violent movement of the head, such as from a fall, car crash or being shaken. TBI may or may not be combined with loss of consciousness, an open wound or a skull fracture (Thurman et al., 1994).
- **Acquired brain injury (ABI):** An injury to the brain that occurred after birth. An ABI may be caused by TBI, stroke, near suffocation, infections in the brain, etc. (Brain Injury Association of America, 1997). The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Source – NCDPI Webinar conducted by Dr. Stephen Hooper, May 2014



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The Counting Game

- One major criticism that has persisted is that schools do not identify and serve students who have sustained a TBI.
- Data needed to document this anecdotal observation. It is suspected that these students are being identified and served, but under different educational classifications (e.g., LD).
 - In many instances a TBI may not be recognized, just the associated outcomes and/or downstream problems.
- It is hoped that widening the definition will encourage earlier identification, earlier intervention, and better counting of the students with TBI who are being served by the schools.
 - Might expect an increase in the numbers being served under the classification (May 2014 ~500 and holding).


Source – NCDPI Webinar conducted by Dr. Stephen Hooper, May 2014

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How Will the Revised Definition Change Practice?

- Opens up brain injuries from birth trauma and associated birth injuries. This may require a broader range of knowledge of early birth injuries.
- The new definition may require a bit more background in neurological conditions and factors.
- Screening, assessment, interventions, and developmental surveillance strategies remain the same.
- May increase referrals for special education consideration and work load for school professionals.
 - Although many of these cases likely are already being served under a different special education classification or via a related service.
 - It may improve the assessment and tracking of these cases.


Source – NCDPI Webinar conducted by Dr. Stephen Hooper, May 2014

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Summary of expanded definition:

- The revised definition increases the range of neurological conditions that can fall under the TBI classification while at the same time continues to be consistent with the IDEA federal definition.
- There is increased consistency of definitions, based on ABI, across agencies. Hopefully this will improve communication between agencies.
- The definition clearly includes mTBI (e.g., concussions) in the definition.
- Screening, assessment, interventions, and developmental surveillance strategies remain the same; but, the new definition may require a bit more background in neurological conditions and factors.


Source – NCDPI Webinar conducted by Dr. Stephen Hooper, May 2014

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NC Brain Injury Advisory Council Children and Youth Subcommittee

- Review of Gfeller-Waller Act (return to play)
 - Passed by NC legislature in 2011
 - Addressed return to play guidelines for student athletes suffering a head injury during school events
 - Resulted in increased awareness and safety for student athletes in North Carolina

However....

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NC Brain Injury Advisory Council Children and Youth Subcommittee

- Gfeller-Waller does not address issues surrounding “return to learn” following a concussion
 - Students who suffer a concussion have symptoms that resolve within 1-3 weeks approximately 70% of the time
 - Students with prolonged symptoms and problems with learning require school-based support during the brain healing process
 - As a result of these facts, C&Y subcommittee recognized need for similar monitoring in a student’s return to the educational environment

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NC Brain Injury Advisory Council Children and Youth Subcommittee

- Recommended policy provision (draft)
(Return-to-School; Return-to-Learn)
 - Key features/language
 - Currently in draft form
 - Next steps
 - Expected roll-out (if approved)

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A Review of the NCDPI TBI Certification Process

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NCDPI TBI Certification Process


STEP 1: General Interest in TBI Registry
Visit the TBI website at <http://tbi.cidd.unc.edu>

STEP 2: Desire to join TBI Registry
Sign up for the online curriculum at <http://tbi.cidd.unc.edu>
Complete the online courses and quizzes

STEP 3: Request Supervision from Approved Supervisor
View Approved Supervisors at <http://cidd.unc.edu/SchoolPsychology/TBI/>
Contact the supervisor nearest to your area to set up supervision

STEP 4: Complete Supervision
Participate in 30 hours of supervision with Approved Supervisor


STEP 5: Obtain TBI Registry Verification/Approval
Supervisor to submit the Verification Form to confirm readiness
Once received will be added to the registry of Approved Providers

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Maintaining status on the registry

Approved Providers should:


- Periodically log-in to view the curriculum and complete new courses/modules as they are available to refresh knowledge at: <http://tbi.cidd.unc.edu>
- Participate in additional continuing education/professional development related to TBI
- Submit documents verifying completion of 5-10 contact hours (0.5-1.0 CEU credit) annually to tbiregistry@cidd.unc.edu

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Maintaining status on the registry

Approved Providers are responsible to:

- Periodically log-in to view the curriculum and complete new courses/modules as they are available to refresh knowledge at: <http://tbi.cidd.unc.edu>
- Participate in additional continuing education/professional development related to TBI
- Submit documents verifying completion of at least (5-10) contact hours (0.5-1.0 CEU credit) annually to tbiregistry@cidd.unc.edu

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Maintaining status on the registry

Contact information should be up to date:

- Approved providers are responsible to keep their contact information updated by emailing any changes to tbiregistry@cidd.unc.edu
- If an individual is unable to be reached through existing contact information, after three attempts to confirm their status:
 - Will be removed from the Registry
 - Once removed from the Registry, an individual will be required to complete the initial training and supervision process to regain status on the Registry

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Current Registry of Approved Providers

- Status of current registry
- Plan for maintenance

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Current Registry of Approved Supervisors


North Carolina Department of Public Instruction Approved Supervisors for TBI

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Guidelines for Supervision

Key factors to ensure quality supervision:


- Guidance document for Approved Supervisors
 - In draft form, approval/release by December 2014
- Current issues reported by Approved Supervisors




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Closing comments, questions





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